

# 2013 Report of the Idaho Health Professions Education Council (IHPEC)

The IHPEC was created by executive order from Governor Otter in February, 2009. The Council began meeting in March, 2009, and produced its first report to the Governor in June, 2010. Makeup of the council is representative of healthcare organizations, Idaho colleges and universities, and the public at large. There are currently nine members on the council. The charge to this group is to:

- Conduct health workforce analyses;
- Assess Idaho's capacity for training healthcare professionals;
- Advise the Governor and legislators on healthcare workforce issues;
- Develop healthcare workforce objectives for the State of Idaho and provide policy recommendations for achieving the objectives;
- Recommend strategies to address healthcare provider shortages in rural locations;
- Develop strategies to increase public/private partnerships to increase the healthcare providers for Idaho.

In 2013, the Idaho Health Professions Education Council has met once thus far (May) and continued its review of information concerning the recruitment, training, and education of the healthcare workforce in Idaho. In doing so, IHPEC arranged meetings and listened to presentations with representatives from the following groups and agencies:

- Public Health: Central District Health Department, Russell Duke, Director
- Social Work: Social Science Division, Lewis-Clark State College, Bill Clouser, Chair

In addition to updates from the State Board of Education and Department of Labor

In addition, recommendations from the **2011 and 2012 IHPEC Reports** on workforce development in the health professions were reviewed, updated, or revised as a part of the 2013 meetings of the Council:

#### 1. Medical education:

- a. **Recommendation:** Continue support for funding of residency programming including newly accredited Coeur d'Alene Family Medicine Residency Program.
- Recommendation: Continue support for and expansion of sustaining funding for the Family Medicine Residency of Idaho, Idaho State University Family Medicine Program.
- c. **Recommendation:** Continue sustaining funding of the UW-Idaho Psychiatry Residency Program and Internal Medicine Residency Program.
- d. **Recommendation**: Continued increased access to medical schools for Idaho students is necessary.

#### 2. Health Education:

a. Recommendation: a facilitating agency or body should be identified to bring together the schools/colleges of nursing in Idaho (ISU, BSU, and LCSC) to explore the feasibility of forming a partnership to apply for a state-wide ID AHEC grant with three regional centers. Single state AHEC awards require affiliation with either a state medical school or a state school of nursing. Currently, Idaho uses its affiliation with UW School of Medicine, through WWAMI, to participate in AHEC funding. Idaho could apply for a much larger, capacity building grant from AHEC if it could demonstrate cooperation between the various schools of nursing within Idaho for the creation of an Idaho AHEC.

# 3. Idaho Office of Rural Health & Primary Care

a. **Recommendation**: the Council recognizes the great potential for significant contributions from the ORH&PC, in addressing healthcare workforce needs in Idaho. State government may need to look at increased resources and support for federal funding initiatives in order to expand the scope and impact of this office in Idaho.

# 4. Nursing Education

a. Recommendation: the Council recommends that Idaho higher education articulation agreements be updated or revised between Idaho nursing education institutions to increase access and pipeline into advanced nursing degrees in Idaho to increase the number of Master and Doctoral prepared faculty members to ensure that schools of nursing are adequately staffed to continue educating nurses.

#### 5. Public Health

a. **Recommendation**: IHPEC supports the training, recruitment and retention of providers critical to the functioning of public health in Idaho including mid-level providers specifically working with public health districts, registered dental hygienists and registered dietitians.

#### 6. Social Work

a. **Recommendation:** IHPEC supports the training, recruitment and retention of key social work providers in Idaho including social work faculty as well as a rural social worker's program with an emphasis on mental health.

Summary of the 2013 meetings with the new recommendations from the Council, with updates on previous recommendations, as applicable.

# (5/14/13) Idaho Public Health – Russell Duke

Mr. Duke offered that the following skill sets are needed in the Idaho public health system:

- Epidemiology programs and education
- Policy development research, writing, community outreach and negotiation skills
- Data and trend analysis

Information technology fluency, including appropriate/effective use of social media

Mr. Duke stated that the department's recruitment challenges are with:

- Mid-level providers, critical to clinical operations are challenging to find due to the public health districts inability to compete when it comes to salary
- · Registered dental hygienists are difficult to recruit and retain
- Registered dietitians who seem to be in growing demand

**Recommendation**: IHPEC supports the training, recruitment and retention of providers critical to the functioning of public health in Idaho including mid-level providers specifically working with public health districts, registered dental hygienists and registered dietitians.

#### (5/14/13) Social Work – Bill Clouser

Dr. Clouser said that 60% of mental health professionals are social workers. There is a great demand in Idaho for mental health professionals especially in rural areas where the suicide rate is 6<sup>th</sup> highest in the country and increasing.

Dr. Clouser pointed that within mental health services, there are two main gaps:

- children who have a parent with a mental illness are left out and are underserved
- policy practice between mental illness issues and substance abuse

Dr. Clouser recommended that Idaho needs more social work faculty and a rural social worker master's program with an emphasis on mental health.

**Recommendation:** IHPEC supports the training, recruitment and retention of key social work providers in Idaho including social work faculty as well as a rural social worker's program with an emphasis on mental health.

# (5/14/13) State Board of Education update – Dr. Mike Rush, Executive Director, and Matt Freeman, Deputy Director/Chief Fiscal Officer, Office of the State Board of Education

Mr. Rush reported that the State Board of Education this year supported the recommendations of the medical education committee and included in the SBOE 2014 budget request for expansion of the medical residency programs and 5 new WWAMI seats under the TRUST (Targeted Rural Underserved Student Track) program.

Mr. Freeman reported the legislature approved the SBOE health education budget with new funding received for the expansion of the 5 new WWAMI seats, \$240,000 for the internal medicine residency program which provides for rotation sites in rural areas and a base funding increase of 7% for the family medicine and psychiatry residency programs.

# (5/14/13) Department of Labor presentation – Andrew Townsend, Regional Economist

Ms. Foster reported the HRSA workforce planning grant was complete in May 2012 because of lack of funding, but with an extension the Department of Labor continued working on the occupational reports. The department published occupational reports on physicians, nursing, dentists, dental hygienists, social workers, counselors, and marriage and family therapists. Research will continue with the Board of Nursing under Cheryl's direction and the Board of Medicine under Gabriel Reilly.

The agreement on the workforce data gathering grant has come to an end because of a lack in funding but the council will continue their support with an informal relationship. **No Action required; information only.** 

## Remaining 2012 and 2011 Recommendations including Updates:

- Recommendation: Increased funding of the medical residency programs in Idaho, per the State Board of Education budget request. In particular, support for the new UW-Idaho Internal Medicine Residency in Boise is critical to the success of this new program, and the future training of internal medicine physicians in Idaho; <u>Update</u>: increased funding in 2013 as noted above in report, including funding of rural rotations for the internal medicine residency program.
  - **1 a) New Recommendation:** Continue support for funding of residency programming including newly accredited Coeur d'Alene Family Medicine Residency Program.
  - **1 b) New Recommendation:** Continue support for and expansion of sustaining funding for the Family Medicine Residency of Idaho, Idaho State University Family Medicine Program.
  - **1 c) New Recommendation:** Continue sustaining funding of the UW-Idaho Psychiatry Residency Program and Internal Medicine Residency Program.
- Recommendation: Support the annual increase of five medical students in the Idaho WWAMI program, as a part of the proposed TRUST rural medical training program, designed to recruit physicians for rural practice in Idaho. <u>Update</u>: Approval and increased 5 new WWAMI seats under the TRUST program in 2013. Continue support for expansion.
- 3. Recommendation: A facilitating agency or body should be identified to bring together the schools/colleges of nursing in Idaho (ISU, BSU, and LCSC) to explore the feasibility of forming a partnership to apply for a state-wide ID AHEC grant with three regional centers. Single state AHEC awards require affiliation with either a state medical school or a state school of nursing. Currently, Idaho uses its affiliation with UW School of Medicine, through WWAMI, to participate in AHEC funding. Idaho could apply for a much larger, capacity building grant from AHEC if it could demonstrate cooperation between the various schools of nursing within Idaho for the creation of an Idaho AHEC. <a href="Update">Update</a>: no new action in 2013; this recommendation will be carried forward with further meetings and consideration with report back in 2014.

- 4. Recommendation: IHPEC supports the development of integrated healthcare systems in Idaho, including community hospitals and community clinics. Integrated healthcare allows us to look at the bigger picture of healthcare workforce recruitment instead of single, separate professions. <u>Update</u>: no new action in 2013; this recommendation will be carried forward in the context of other ongoing projects with report back in 2014.
- 5. Recommendation: With recruitment of primary care (including family physicians with OB/GYN experience) and mental health workforce providers being the principle challenge for CHCs, Idaho needs to continue to expand its recruitment incentive options and award amounts to compete with regional demands.
  <u>Update</u>: no new action in 2013; continue current programs including Rural Incentive Recruitment Program with report back in 2014.
- 6. **Recommendation:** IHPEC will explore the development of a state-wide database of medical or health provider preceptors and training sites, for use by health professions workforce development programs in Idaho. **Update**: no new action in 2013; this recommendation will be carried forward with further meetings and consideration with report back in 2014.
- 7. **Recommendation:** Increase the number of Master and Doctoral prepared faculty members to ensure that schools of nursing are adequately staffed to continue educating nurses. **Update**: no new action in 2013; this recommendation will be carried forward with further meetings and consideration with report back in 2014.

# **Upcoming goals and planned work for the Council in 2013:**

- Explore collaborative or innovative educational models in response to changes in federal/state health care funding, regulations, delivery models, and identified priorities from the state planning efforts.
- Explore AHEC models and other options for interdisciplinary healthcare workforce training with the state's nursing programs, other institutions and community partners.
- Explore ways to increase numbers of nursing faculty to insure future of state's nursing programs.
- Request presentations or professional workforce issues and education of certified nurse midwifery in Idaho.

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# (Resigned 2013)

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